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CONFIRMATION NO. 7664

Bib Data Sheet

SERIAL NUMBER 09/677,979	FILING OR 371(c) DATE 10/03/2000 RULE	CLASS 711	GROUP ART UNIT 2187	ATTORNEY DOCKET NO. 60063-0112
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** CONTINUING DATA ***** ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/22/2000				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 39
INDEPENDENT CLAIMS 5				
ADDRESS 29989				
TITLE STORAGE AND RETRIEVAL SYSTEM FOR WEB CACHE				
FILING FEE RECEIVED 606	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	